FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12", Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office in the filed 9 PH 5: 58 electronically.

Effective May 1, 2010, all statements and reports for State PACs and State

Parties must be filed electronically. COMMITTEE NAME (Must be same as on Statement of Organization) FORM YESS DR-2 DISCLOSURE IMPORTANT: Indicate by # type of committee you are reporting for: (Rev. 12/2009) REPORT (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (For Office Use Only Comm. # 11) Local Ballot Issue CANDIDATE COMMITTEES ONLY: Logged in Political Party (if applicable) Candidate Name Scanned Computer Audited District (if Senate or House) Office Sought Late reports are subject to possible civil and criminal penalties. Pursuant to lowe Code sections 68B,32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports. 759 400 TECEPHONE DATE SIGNED SIGNATURE OF PERSON FILING REPORT I AM FILING A 7/19/2010 REPORT FOR (1) ELECTION /(2)MON-ELECTION YEAR. Indicate by # 1 (report date) CHECK IF AMENDMENT TO REPORT DATED. Local Committees, enter Date of Election ☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. County & Local Committees, enter County in (You must continue to file reports until a DR-3 is filed.) which Election is held STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)\$ ADD TOTAL MONEY TAKEN IN THIS PERIOD 8,260.00 Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) Schedule F: Loans Received total (Attach Schedule F) Schedule H: Total Sales of Campaign Property (Attach Schedule H)..... (Schedule H applies to Candidates' Committees Only) 8,260.00 SUBTRACT TOTAL MONEY SPENT THIS PERIOD 7,452.42 Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)........... Schedule F: Loan Repayments total (Attach Schedule F)...... 807.58 CASH ON HAND at the end of this reporting period (if final report balance must be zero)\$ TUNPAID BILLS (From Schedule D - Attach Schedule D)......\$ *IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)......\$ **OUTSTANDING LOANS (From Schedule F - Attach Schedule F)......\$ V NO **CONSULTANT BREAKDOWN (Schedule G Attached?)** YES CANDIDATE COMMITTEES ONLY: VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

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For Instructions, See Back of Form		SCHEDULE	
CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)	S. L. L. L. B. B. S. L. S.	(Rev. 07/03)	MONETARY RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)			CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 688.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
5/11/10	ID# CK#	510 - \$10 cash contributions		\$5,100	✓
5/11/10	ID# CK#	Cream LLC DBA 121 East College Street Iowa City, IA 52244		1,860	-
7/06/10	ID# CK#	Lee Krueger		300	
7/06/10	ID# CK#	Cream LLC DBA 121 East College Street Jowa City, JA 52244		1,000	
	ID# CK#				
	ID#				
	ID# CK#				
	<u> </u>		SUB-TOTAL	\$ 8260	

"Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (plood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page I of 1 (for Schedule A)

\$ 8260

TOTAL (if last page of this schedule)

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE

B MONETARY
(Rev. 07/03) EXPENDITURES

CHECK THIS BOX IF

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)
YESS

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSÉ (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
5/17/10	ID# CK#	Matt Pfaltzgraf 713 NE Brook Haven Ankeny, Iowa 50021	Consultant Fee	\$ 3,250
3/17/1 0	ID# CK#	Zephyr Printing 124 East Washington Street Iowa City	Petition Copies	5
5/18/10	ID# CK#	Harrison Wheeler 6600 N. 85th Street Milwaukee, WI 53224	Website design	900
5/24/10	ID# CK#	Matt Pfaltzgraf 713 NE Brook Haven Ankeny, Iowa 50021	Reimbursement for supplies purchased at walmart/staples (clipboards, copy paper, printer, 9 ink cart., software)	524.56
5/26/10 .	ID# CK#	Matt Pfaltzgraf 713 NE Brook Haven Ankeny, Iowa 50021	Reimbursement for website domain purchase from godaddy.com	96.43
5/04/10	ID# CK#	Matt Pfaltzgraf 713 NE Brook Haven Ankeny, Iowa 50021	Reimbursement for commissioned electoral research.	721.32
5/14/10	ID# CK#		Unitemized expense	3.38
5/14/10	ID# CK#		Uniternized expense	.20

TOTAL (If last page of this schedule)

SUB-TOTAL \$5, 500, 89

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTÉES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LÉGISLATIVÉ CANDIDATÉS, LIST THE CANDIDATÉ IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES	
CHECK THIS BOX IF AMENDING FORM		

COMMITTEE NAME (Must be same as on Statement of Organization)
YESS

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	ÁMOUNT EXPENDED
5/14/10	ID# CK#	Matt Pfaltzgraf 713 NE Brook Haven Ankeny, IA 50021	Consultant Fee	\$ 1,350.00
7/02/10	ID# CK#	Matt Pfaltzgraf 713 NE Brook Haven Ankeny, IA 50021	Reimbursement for newspaper research access.	83.37
7/06/10	ID# CK#	Matt Pfaltzgraf 713 NE Brook Haven Ankeny, IA 50021	Reimbursement for additional ink cartridges.	24.43
7/07/10	ID# CK#	Matt Pfaltzgraf 713 NE Brook Haven Ankeny, IA 50021	Consultant Fee	400
7/08/10	ID# CK#	Iowa Book 8 South Clinton Street Iowa City, IA 52240	Notebooks/pens/folders	31.93
7/08/10	ID# CK#	Zephyr 124 East Washington Street Iowa City, 52240	Precinct map	18.51
7/08/10	ID# CK#	Iowa Book 8 South Clinton Street Iowa City, IA 52240	Stapler/Hole puncher	12.81
7/08/10	ID# CK#	Press Citizen 1725 North Dodge Street Iowa City, IA 52245	Archives access	11.95

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on pehalf of the candidate's committee. (Refer to Schedule G instructions and lows Code 68A.402(3)(i).)

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TOTAL (if last page of this schedule)

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

J	Rev. 07/03)	MONEYARY EXPENDITURES
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COMMITTEE NAME	(Must be	same as or	Statement	of Organization,
VCCC				

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
7/08/10	ID# CK#	Press Citizen 1725 North Dodge Street Iowa City, IA 52245	archives access	\$ 11.95
7/09/10	ID# CK#		unitemized expense	4.17
7/09/10	ID# CK#		unitemized expense	2.41
	ID#			
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	CK#			4 \$ /Q.52

TOTAL (if last page of this schedule) \$

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